

L180000065314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

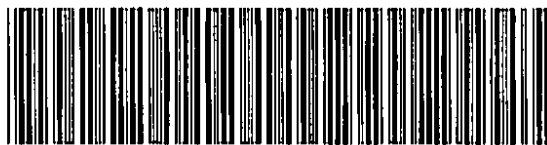
(Business Entity Name)

(Document Number)

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2019 MAR 20 PM 3:11  
STATE  
TALLAHASSEE FL

R. W. ...  
MAR 28 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Movement Medicine LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chelsea Gilday

\_\_\_\_\_  
Name of Person

Movement Medicine LLC

\_\_\_\_\_  
Firm/Company

1219 E Strawbridge Ave Apt5

\_\_\_\_\_  
Address

Melbourne, Florida 32901

\_\_\_\_\_  
City/State and Zip Code

chelseag571@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chelsea Gilday

\_\_\_\_\_  
Name of Person

at ( 302 ) 5884768

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

IN11S18 (2/14)

FILED  
2019 MAR 20 PM 3:11  
SOUTHERN DISTRICT  
TALLAHASSEE, FL